U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11280	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Eric M Dean	Name IRON WORKERS AFL-CIO
	Labor Organization File Number 000-052
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 205 West Grand Avenue, Suite 101	Street 1750 New York Avenue, N.W.
City Bensenville	City Washington
State Illinois ZIP Code + 4 60106	State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. General Organizer	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	cuse or minor child directly or Indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Character	7.b. Amount.
Street :	
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the see	ying documents), has been examined by the signatory and is, to the best of the
f M Da-	1570 703
Signed	On 5/9/06 630 238-1003  Date Telephone Number
	Coopinio Humber

Name of Person Filing Eric Dean		File Number U- 11	280
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank	X a. Labor Organiza	ali am	İ
Trade Name, if any:		auon	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street One West Monroe			
City Chicago			
State ZIP Code + 4 60603-5301			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name	Client relati of banking se		to provisions
Trade Name, if any:	Chicago Bears		2/05
P.O. Box, Bldg., Room No., if any	CHICAGO BEALS	lickets - 1/	2/03
Street	11.b. Approximate dollar val	us of such dealing	\$265.00
City	12.a. Nature of interest he		Ψ203:00
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Name			<u> </u>
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,		

Name of Person Filing Eric Dean		File Number U-	11280
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	3	
Name and address of Business (including trade name, it any).	9. Business deals with:		
Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One West Monroe	X a. Labor Organiza b. Trust c. Employer	tion	
City   Chicago			•
State 1111no1s ZIP Code + 4 [60603-530]1  10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal Client relati of banking se	ons relation	ng to provisions
P.O. Box, Bldg., Room No., if any	Chicago Bears		12/04/05
Street	11.b. Approximate dollar val	ue of such dealing.	\$277.00
State ZIP Code + 4	12.a. Nature of interest he	<u>id or income r</u> ec <u>e</u> i	ved.
	12.b. Amount,		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	1511 2-15-1	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name			
Trade Name, if any:			1
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	Eric M.	Dean	File Number U- 11280
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or teasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Amalgamated Bank a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any ' c. Employer Street One West Monroe City Chicago ZIP Code + 4 60603-5301 State Illinois 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Business meals with Amalgamated. Name 09/07/05 - \$14.00 01/19/05 - \$52.00 09/22/05 - \$12.00 05/12/05 - \$19.00 Trade Name, if any: 10/19/05 - \$36000 05/25/05 - \$43.0006/02/05 - \$25.0012/05/05 - \$20.00 P.O. Box, Bldg., Room No., if any Street \$221.00 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4

<ol> <li>Name and address of Employe (including trade name, if any).</li> </ol>	r or Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZiP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.